

APPLICATION FOR MARRIAGE LICENSE

No. 99

File 615

3-16-99
Date of Application

Floyd County

IC 31-7-9-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-11-99
Name of Physician Miller, M.D.

MALE APPLICANT

Name Joseph O. Reynolds
Date of Birth 10 Month 9 Day 69 Year
Place of Birth (State or foreign country) IN
Residence Address 430 E Fairgrounds Av Osgood Ripley IN
Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) IN DRS

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
Shelby Reynolds, Sidney Reynolds
- (a) Full name of applicant's father Robert Reynolds
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) IN
Birthplace of father (State or foreign country) Oh
(b) Full maiden name of applicant's mother Brenda Mayfield
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) IN
Birthplace of mother (State or foreign country) IN

FEMALE APPLICANT

Name Stacey J. Miller
Date of Birth 1 Month 9 Day 25 Year
Place of Birth (State or foreign country) ILL
Residence Address 2702 Paul R. Ke A375 New Albany Floyd IN
Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) IN DRS

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
Shelby Reynolds, Sidney Reynolds
- (a) Full name of applicant's father Terry Miller
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) IN
Birthplace of father (State or foreign country) IN
(b) Full maiden name of applicant's mother Susan Stinnett
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) IN
Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

[Signature]
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of Floyd) ss: I swear/affirm that the information given in this application is true and correct.

[Signature]
Signed
New Address
Subscribed and sworn to before me this 16th day of March, 19 99
Eugene Freiburger Clerk of the Floyd Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

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We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of FLOYD County, Indiana, dated 3/16/99, authorizing the marriage of JOSEPH O. REYNOLDS and STACEY J. MILLER.

I further certify that the following marriage certificate was filed in my office:
I, JAMES A. COFFEY (name), certify that on 3/19/99 (date), at NEW ALBANY in FLOYD County, Indiana, JOSEPH O. REYNOLDS of FLOYD County, INDIANA (state), and STACEY J. MILLER of FLOYD County, INDIANA (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of FLOYD County, Indiana, dated _____

Signed by: JAMES A. COFFEY / MINISTER, _____ (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 3/19/99 (date).

Signed EUGENE FREIBERGER Clerk
FLOYD Circuit Court